

BUREAU OF HOME AND COMMUNITY SERVICES  
ALABAMA DEPARTMENT OF PUBLIC HEALTH

Program Evaluation Record

To help us meet your educational needs, we ask that you complete this evaluation form. Thank you for your attendance and cooperation.

PROGRAM TITLE: "Sleep Disorders: How Do They Affect Your Patient's Health?"  
February 23, 2010

Date Viewed \_\_\_\_\_ (If you did not attend the live satellite)

NAME: \_\_\_\_\_ AGENCY/COUNTY: \_\_\_\_\_

FACULTY: TJ Jackson

**LEGEND:**

5 - Outstanding 4 - Above average 3 - Average 2 - Below average 1 - Unacceptable

Circle the number you think best evaluates this activity.

This program utilized knowledgeable, organized, and effective speakers:

TJ Jackson	5	4	3	2	1
Provided content relative to the session objectives:	5	4	3	2	1
Effectively used teaching methods & learning aids:	5	4	3	2	1
Provided information pertinent to my job duties:	5	4	3	2	1
Enabled me to better perform my job duties:	5	4	3	2	1

What new knowledge did this in-service provide?

List areas you think need improvement.

What additional topics would you recommend for future programs?

**NEW ADDRESS!**

PLEASE SEND EVALUATION FORMS BY HAND MAIL TO  
BUREAU OF HOME & COMMUNITY SERVICES  
ENTERPRISE OFFICE  
Attn: **BECKY LEAVINS**  
2841 Neal Metcalf Rd.  
Enterprise, AL 36330

**PLEASE DO NOT SEND YOUR SIGN-IN SHEETS!**